

Currents and Eddies in Practice

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When one passed as a student from Arts to Medicine, and back again to Arts—as some of us did—Professor Boas with his Shakespearean recollection of the witches would refer to our “fitful re-appearances.” In making one of these, I invite you to come down from the bright circle where you have sojourned at the last few meetings, and have a peep at the pit—even though in the modern theatre there may be neither pit nor circle. In a weak moment I have been tempted to give you this paper, partly to jot down a few experiences and ideas, however circumscribed, before they become out of date or merely academic. I would also take the opportunity to pay a humble tribute to the memory of our teachers—men of much charm and considerable distinction—who were wont to forgather here and adorn these front seats. You missed them one by one—to me the loss appears as of all together at one fell swoop. Furthermore, in two destructive wars we have lost much of the flower of two generations, and thus handicapped remain to face the opening of a new era.

“For, some we lov’d, the loveliest and the best
That from his vintage rolling Time has prest,
Have drunk their cup a round or two before,
And one by one crept silently to rest.”

Neither the turbid waters of society nor the more limpid rivulets of the art and science of medicine move in quite so steady a stream as once we visualised. Strong currents, eddies, even whirlpools have upset the even tenor of the passage. Something of this may appear as we proceed. It has been my privilege to practise in the ambit of three great cities—Belfast, Liverpool, and Manchester. Usually I preferred to observe their communal life from the near and middle distance—a dozen miles out on the green belt. As a city Liverpool seemed most attractive—its clean, tidy streets, convenient shopping centre, pre-war imports of fruit, social and intellectual snobbery at a proper discount, its cosmopolitan welcome and broad humanity, the Playhouse, the ferries and splendid docks. Manchester, of course, had its love of art and literature and its polite manners—I found its great obstetric hospital St. Mary’s the most helpful and obliging. In trade, Mancunian in foreign parts has been almost synonymous with English. But I do not envy its planners, faced with the gaunt ruins of the first Industrial Revolution. Neither of these great centres has a hinterland to compare with yours—the approach to Belfast Lough on a summer morning being excelled in Europe, in the view of many travellers, only by the islands guarding Stockholm or by the Golden Horn. *Vis-a-vis* your other virtues, language fails! The blot on your landscape is infant mortality—in other parts of the United Kingdom they apologise for a figure of 50, and I see dear old Hollywood has now got down to 43. Many of these infants are born prematurely, and our present knowledge properly applied could save most of them. Although it has other drawbacks, institutional maternity is of benefit in this respect. No longer do we hear the sagas and folk songs of the “handy women”—gone with the wind.

Again I hear the familiar dialect. "What age are you?" does not have to be translated as "How old are you?"; and one may freely imbibe the gorgeous colouring of sea, sky, and countryside scarcely noticed by the residents. During well nigh twenty years in the other island, the *Ulster Medical Journal* and the *Belfast Telegraph* kept me informed, but in these last years of austerity their sparse and attenuated efforts, together with black-out and censorship, served only to accelerate the onset of nostalgia. Although the car suffered least from bureaucracy in transit—no permit required—the stringent tones of fuel and power on this side—"Sorry, no petrol!"—could hardly damp one's admiration for a progressive Northern Ireland Ministry of Agriculture which arranged for an unrestricted supply of milk—pasteurised, too—and an allowance of fresh fish, a delicacy almost recalled from a previous existence. Unfortunately, however, as in England, there is some failure to tackle bovine T.B., and the two per cent. of "beasties" which transmit the disease seem to elude the authority. The British Ministry of Food deserved many compliments, but their pasteurised milk, owing to short staff and carelessness, was frequently stale and dirty; nor were any bouquets forthcoming for the distribution of fish, which still causes needless hardship to many toiling housewives. I take off my beaver to these spartan women of Lincs, who, next to the Merchant Navy, endured and toiled perhaps more than any other Britishers: the same who for the most part never had an anæsthetic nor even an analgesic to relieve the purple patches of their reproductive married lives, besides having to fight for justice—many of them—in securing their rights in National Health Insurance. Whatever else social security fails to do, it will at least bring automatic benefit to motherhood.

Men rather than women showed the effects of war-time neurosis, convinced that every illness was due to conditions of work. This meant more fatigue for the already overburdened panel doctor, though the morbidity was not necessarily shown in statistics available to the Ministry of Health. And much of it was due to the neglect by politicians and managements of the Medical Research Council's findings a quarter of a century ago in regard to working conditions. Pigeon-holed and forgotten! In practice many practitioners had nine-tenths of their insurance patients ill each winter, whereas you in Northern Ireland seem to see a much smaller proportion. The general effect in such practices is frustration for doctor and patient alike. As Dr. Crichton Miller says: "National Health Insurance has made domiciliary medicine give way to a crowded surgery. The personal approach has been crowded out by the technical imperative, and re-adjustment must be made." It is a recognised fact that many practices could not be carried on but for the immense assistance—sometimes even abuse—of the voluntary hospitals, and the great good-will of the consultants attached to them. This applied to many private patients also—I have known practitioners whose only notes on their private cases (apart from accounts) were those they had received in the course of years from consultants, hospital and private.

Who ever supposed that the ideal setting for medical work is the lust for speed and hustle that has invaded surgeries, consulting-rooms, and hospitals alike—even in peaceful Ulster? The careful and unhurried tradition of McQuitty, Robert

Campbell, and Killen of the Benn, produced as good results, but now the poor patient is *rushed* from pillar to post, not seldom failing to gain satisfaction, and, his fears and worries unresolved, enters a puzzling world of conflicts and repressions. In the words of Osler, "The philosophies of one age have become the absurdities of the next." There seems to be no remedy in sight save a large accession to our ranks. Compare the leisured ease of the municipal office, the Exchange, or even the majesty of Law. Even when the junior arrives at 9.30, the great man saunters along in time for morning coffee, and business is well in hand by early afternoon. Incidentally, I thought work began an hour earlier in England in keeping with the boat time-table Liverpool 6.30, Belfast 7.30. One had to see two or three serious cases soon after 8 to be at surgery in time to encourage the early birds at 8.45, whereas professional routine in Ireland was not in evidence before 10. There was little room for ill-feeling between general practitioners, or between these and consultants, unless in the very few instances where the latter were not genuine—a condition which is now being remedied. In some districts, however, there is need for much greater co-operation between general practitioners and the full-time Health Officers, both of whom pursue their own course at times gloriously unaware of their imperfections. Not all M.O.H.'s were as honest as the new Superintendent of Belfast who, when asked whether Belfast people are healthy, admitted that he had little means of knowing. They have only statistics of deaths and a few infections to guide them. In Britain Council officers have long since given up the pretence of being preventive rather than curative; in fact, a great deal of the preventive work is already done in advanced areas by the general practitioner and the industrial adviser, in the more backward areas men wake up every few years and write to the Journals in amazement at what has happened to the women and children, etc. Health visitors working overtime; parallel lines failing to meet; but also much very fine work. *Vita brevis, ars longa.*

Between the wars I met a goodly number of Queen's graduates, many doing good work, some enjoying life with a hobby or a speciality, others slogging along in unpleasant surroundings, hardly knowing the country ten miles from their doorstep, yet others in the guise of itinerant craftsmen. What a tribute to the fraternity that, be the scene ever so benighted, no district but had its medical attendant, you would find a Scot, an Irishman, above all a Queensman, ministering to those poor English of the North and Midlands. Wales was more impenetrable, but Wales can be forgiven anything for its choral singing—the human voice *in excelsis*. Golfers I noticed were among the survivors, even if they had to tee up in a rubbish heap. They avoided the English figure of expectation of life (about 55 for doctors), approaching the Irish figure of 65.

On the specialist or expert level your Society has had good *liaison*, but one has sometimes felt that many less famous *alumni* have experienced colourful episodes which are being lost, i.e. for the amount of talent you export not so much is gained in return. To mention amongst a great number only three—now unhappily passed on—Macargur Scott, the seamen's friend; Billy Browne, chief citizen of a progres-

sive Borough; Arthur H. Joy, who, after a career in the Royal Navy, looked after disabled ex-servicemen. Others, however, remain, such as M.O.H.'s in important positions as Surrey and Huddersfield; a bright graduate whose mission in life has been to direct patients to the right consultant; and a host of eminent police surgeons called in to assist in the diagnosis of road accidents. It might be no bad thing to have a thoroughgoing exchange of teachers and students, as is mooted in other educational spheres, not only within the British home countries, but with the Dominions, U.S.A., Scandinavia, etc. That would eliminate the alleged time-lag, give us a richer "flair for orchestration," and render less harmful the untimely intrusion of the oboes and the bassoons—blissfully oblivious of what is going on in the world. To most doctors who are in touch with social conditions it is evident that the physicians of the past accepted as their standards service and self-discipline, and would not countenance the lower social and moral values of the market place to-day for all their glittering display of wealth and power. If it were not for our pagan code, the struggling voluntary hospitals could have their immediate difficulties met by a voluntary levy on all profits of the last six years over a reasonable margin. Too often the leaders in industry and wealth—merely by want of thought—beg the question by urging high taxation as a reason for ignoring their responsibility to the less fortunate. Shades of St. John of Jerusalem! But as far as hospitals are concerned, you have still in Ulster a larger body of kind benefactors, although the tendency to spread the cost over rates and taxes gains ground. *L'état, c'est moi!*

At our meetings on the other side, in the smaller towns and societies, we used to read papers to one another to stimulate discussion; two or three times in a season a junior specialist would oblige on his special subject. Often these would be on the staff of a teaching hospital, while at the same time visiting a municipal type in a smaller town, and as subsidiary work they functioned as a useful buffer to interpret the evergreen query "Can I be X-rayed, doctor?" The valuable labour of the vast majority was everywhere appreciated; it was one or two seniors who appeared to be in some danger of losing their souls to big business, insurance companies, or the State. At rare intervals a brighter star would visit us—from a London hospital, Birmingham, Leeds, or more local—Sir Robert Jones, who, with his band of followers, including your townsman Professor T. P. McMurray, raised the Liverpool School of Orthopædics to an unrivalled position; Sir Robert Kelly, almost as well known in Wales or Manxland as he was loved at home; in medicine, amongst a learned and able group, Prof. Henry Cohen, whose re-assurance to a patient was of an inspiring quality. Liverpool excelled in architecture, orthopædics, and psychiatry; Manchester's high lights were pædiatrics and radium therapy. The surgeons reached a sound technique—much better, as one would expect, than in areas where the cottage hospital type of practice was in vogue, and this matter, I take it, is one of the headaches for the Regional Hospital Service of the future. If one failing was open to criticism, it was that a few surgeons seemed to underestimate the need for psychology in the consultant as distinct from the operative end of their work, particularly in these days when a super-imposed anxiety so often complicates the most obvious surgical condition. Much of this anxiety in middle-

class patients was of course caused by the patient having arranged no provident or insurance scheme to cover the cost of illness of this nature.

The County of Lancaster—where I think the only large town I missed was Oldham—bore a certain resemblance to Ulster in a sturdy independence of character, but this was sapped in the inter-war period by the operation of several causes, one being the failure of National Health Insurance and Workmen's Compensation to encourage light work as a means of early rehabilitation, another the inflationary methods of house building which made a demoralising hole in the low average wage of the time. The town of 40,000 inhabitants where I worked in the slump years had almost as good a record as any—from 1918 to 1938 it built 2,500 houses by private enterprise and 2,092 by the Local Authority. On returning to this side I have been surprised to find so little new building, but perhaps the population has been more stationary, and no doubt some of the century-old shacks are cosier and cheaper than the more modern structures, though there are not nearly enough of them. Some of the smaller districts are better up to their duty than the larger. A few medicos drift into Parliament at intervals, and in Britain there is a sprinkling on County and Borough Councils, but it is strange that there is hardly one on large Councils like Down or Antrim—representing each nearly a quarter million souls, and at a time when health matters will need expert attention. But maybe you are content to leave local government to the permanent officials!

Two other matters may be touched on. A little-discussed point in the employment of assistants in general practice is the effect on freedom of choice for the patient. We know practices where the assistant or apprentice had a greater reputation than the principal; and I knew an assistant who tied himself down for a period of years to do three-fourths of the work for one-fourth of the income. There are other financial anomalies which have not received sufficient study. With regard to health centres, the incubus of Local Authority control has burked consideration, although many doctors are already at the stage of making plans. Even in rural areas, something in the nature of the clinics operating in some American States, without any financial embarrassment, and rendering good service, has not been given much attention here. A few advantages may be noted :—

- (1) Better equipment for diagnosis and treatment;
- (2) Relief of congestion in hospital out-patients;
- (3) Open all day—no need to ask “when will doctor be in?” or “what time does doctor shut?”
- (4) Healthy team work and group practice—what Lord Moran, I think, has styled a return to the courtesies of student days;
- (5) The encouragement of local specialisation;
- (6) Labour saving for doctors' wives.

This type of public practice, we are told, may run alongside private work.

Currents and eddies lead to change, and in a changing world the end result may be decay as readily as growth. Most of us, however, are incurable optimists. seeking not licence, but a little freedom.

Knowledge comes, but wisdom lingers.

"Knowledge is proud that he has learnt so much.
Wisdom is humble that she knows no more."

REVIEW

AVIATION NEURO-PSYCHIATRY. By R. N. Ironside, M.B. (Aberd.), F.R.C.P. (Lond.) and I. R. C. Batchelor, M.B. (Edin.). Edinburgh: E. & S. Livingstone Ltd. 1945.

It is often urged, in view of the changed conditions in modern warfare, that the three fighting services of this country should have one common Medical Corps. One feels that this book is a tacit acknowledgment of the very complicated and specialised medical problems which may arise in any one of the Forces, and of the corresponding need for a separate administration of each service. The authors rightly state: "The psychiatrist or neurologist who has to deal with flying personnel will quickly find that he requires not only a knowledge of the medical aspects of his subject, but also a grasp of the environmental conditions in which aircrew work, and the demands made on the individual by the various categories of aircrew duties. This experience can only be gained at first hand."

The opening chapters deal chiefly with the difficult problem of the selection of personnel for flying duties. A useful scheme of examination is set out and the relative value of selecting candidates by performance and by personal examination discussed. Few will disagree with the view expressed that the candidate's will to serve and the strength of his motive in this respect may often be given priority over certain minor physical disabilities to which he may be subject. But, stress is laid on the necessity of finding out how strong is the motivation and the need for discounting sentimental reasons, revengeful feelings, a desire to test oneself, or for self-experiment, emulation or friends' example, etc.

The work is not intended as a textbook on psychiatry and neurology, so diagnosis is lightly touched upon, it being assumed that the reader has already some neuro-psychiatric experience. The subject of prognosis is given more detail and the principal aspects under which it may be assessed classified. The instructions given as to the care of personnel after flying accidents are well conceived, especially the dictum that leave should not be granted as a routine award, and that no member of aircrew should be allowed to go on leave after a flying accident before he has returned without symptoms to full duties.

The book can be confidently recommended to medical men having to deal with flying personnel, whether in the Royal Air Force or in the Civil Services, and is a welcome contribution on the subject. The authors have had a difficult task in deciding how much space to devote to the description of abnormal states, and how much to allow for administrative service details, and they have succeeded admirably. It is possible, however, that in subsequent editions they may find it advisable to enlarge the former section and include more detail of the affective, hysterical and other common disorders which predominate in this type of practice.

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